

<b>Case Number:</b>	CM15-0024208		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 02/01/2012. The mechanism of injury involved a fall. The current diagnosis is cervical spine disc protrusion with radiculopathy. The injured worker presented on 01/09/2015 for a follow-up evaluation with complaints of neck and bilateral arm pain. There was no physical examination provided on the requesting date. Recommendations included an MRI of the cervical spine, an x-ray of the cervical spine, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/14/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a physical examination on the requesting date. There was no evidence of the emergence of any red flags. There was also no mention of a recent attempt at conservative treatment to include active rehabilitation. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.